U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number 11 - 1 (C) 2 - 1	2. Fiscal Year Covered From:			
1. File Number U - 19827				
1602/	1 1 2004 Through: 12 31 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Nicholas B Mastrosante	Name Steamfitters Local Union No. 420			
	Labor Organization File Number 001-114			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 14420 Townsend Road, Suite A	Street 14420 Townsend Road, Suite A			
City Philadelphia	City Philadelphia			
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154			
E Decilian in Johan agranisation	C. C. ON CO. 16.3 N			
Director of Training 23 US C	And the sale of th			
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			
(except as specified in the exclu	isions set forth in the instructions):			
A: Held an interest in, engaged in transactions (Încluding loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	de la constitución de la constit			
	7.b. Amount.			
Street				
City : 100 100 100 100 100 100 (100 100 100 10	7.a. Notice of Interest, Timps amon, or income			
State State State Company Control of the State S	Miss row mess dece to message Message time seems and a			
्रिक्टरमा अ. ८०० है। हे ox hom sign	ature in the thermal of the simple intervals the subject of the simple intervals.			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ing documents), has been examined by the signatory and is, to the best of the			
Signed Mishes B. Mashroat	on 8/0/05 267-350-2610			
1761 31 (1) 46 m 26	City Pates 2018 Telephone Number			
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Name of Person Filing Nicholas Mastrosante		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Steamfitters LU No 420 Appren. Training Fund	KZI			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 14420 Townsend Road, Suite B	£ . ;			
City Philadelphia				
State Pennsylvania ZIP Code + 4 19154				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name	See attached.		11111	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	1			
Street	Affic on the first first filtering and supply a consequence of the same size in	er – villen i med i roman da dee e dibaya ka maaya, esp. d		
City	11.b. Approximate dollar value	-		
State ZIP Code + 4	12.a. Nature of interest held or income received. Reimbursement of expenses including tools, meals, various supplies & equipment used in the training facilities program & attendence at educational conference/seminar & annual convention.			
	4		Transition of the state of the	
	12.b. Amount.		\$5,158	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The second secon	and the second s	
Name	THE CONTRACT PARTY AND ALL AND ADDRESS AND			
Trade Name, if any:	to provide management			
P.O. Box, Bldg., Room No., if any	numanum munimin munimi munimin munimi munimin			
Street				
City			1	
State ZIP Code + 4			w	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	ĺ		

LM-30 Attachment

Name: Nicholas B Mastrosante Ending date of report period: 12/31/04

LM-30 File Number: To be assigned

LM-30 Item Number

8, Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s)

9, including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my and, possession.

11b